



Campylobacteriosis

County _____

LHJ Use ID _____

☐ Reported to DOH

Date ____/____/____

LHJ Classification

☐ Confirmed

☐ Probable

By: ☐ Lab ☐ Clinical

☐ Epi Link: _____

☐ Outbreak-related

LHJ Cluster# _____

LHJ Cluster

Name: _____

DOH Outbreak # _____

REPORT SOURCE

LHJ notification date ____/____/____

Investigation
start date: ____/____/____

Reporter (check all that apply)

☐ Lab ☐ Hospital ☐ HCP

☐ Public health agency ☐ Other

OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____

Reporter phone _____

Primary HCP name _____

Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____

Address _____ ☐ Homeless

City/State/Zip _____

Phone(s)/Email _____

Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Name: _____

Zip code (school or occupation): _____ Phone: _____

Occupation/grade _____

Employer/worksite _____ School/child care name _____

Birth date ____/____/____ Age ____

Gender ☐ F ☐ M ☐ Other ☐ Unk

Ethnicity ☐ Hispanic or Latino

☐ Not Hispanic or Latino

Race (check all that apply)

☐ Amer Ind/AK Native ☐ Asian

☐ Native HI/other PI ☐ Black/Afr Amer

☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ____/____/____ ☐ Derived

Diagnosis date: ____/____/____

Illness duration: ____ days

Signs and Symptoms

Y N DK NA

☐ ☐ ☐ ☐ **Diarrhea** Maximum # of stools in 24 hours: ____

☐ ☐ ☐ ☐ Bloody Diarrhea

☐ ☐ ☐ ☐ Abdominal cramps or pain

☐ ☐ ☐ ☐ Nausea

☐ ☐ ☐ ☐ Vomiting

☐ ☐ ☐ ☐ **Fever** Highest measured temp (°F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Laboratory

Collection date ____/____/____

Source _____

P N I O NT

☐ ☐ ☐ ☐ ☐ **Campylobacter culture**

Campylobacter species: _____

P = Positive O = Other

N = Negative NT = Not Tested

I = Indeterminate

NOTES

Clinical Findings

Y N DK NA

☐ ☐ ☐ ☐ Guillain-Barre syndrome

☐ ☐ ☐ ☐ Reactive arthritis

Hospitalization

Y N DK NA

☐ ☐ ☐ ☐ **Hospitalized for this illness**

Hospital name _____

Admit date ____/____/____ Discharge date ____/____/____

Y N DK NA

☐ ☐ ☐ ☐ **Died from illness** Death date ____/____/____

☐ ☐ ☐ ☐ Autopsy Place of death _____

INFECTION TIMELINE

Enter onset date (first
sx) in heavy box.
Count forward and
backward to figure
probable exposure and
contagious periods

Days from
onset:

Exposure period

-10 -1

o
n
s
e
t

Contagious period

weeks

Calendar dates:

EXPOSURE (Refer to dates above)

Y N DK NA

☐ ☐ ☐ ☐ Travel out of the state, out of the country, or
outside of usual routine

Out of: ☐ County ☐ State ☐ Country

Destinations/Dates: _____

☐ ☐ ☐ ☐ Case knows anyone with similar symptoms

☐ ☐ ☐ ☐ **Epidemiologic link to a confirmed human case**

☐ ☐ ☐ ☐ Contact with lab confirmed case

☐ Household ☐ Casual ☐ Sexual

☐ Needle use ☐ Other: _____

☐ ☐ ☐ ☐ Contact with diapered or incontinent child or adult

☐ ☐ ☐ ☐ Congregate living Type:

☐ Barracks ☐ Corrections ☐ Long term care

☐ Dormitory ☐ Boarding school ☐ Camp

☐ Shelter ☐ Other: _____

☐ ☐ ☐ ☐ Poultry

☐ ☐ ☐ ☐ Undercooked poultry

☐ ☐ ☐ ☐ Handled raw poultry

☐ ☐ ☐ ☐ Unpasteurized milk (cow)

☐ ☐ ☐ ☐ Unpasteurized dairy products (e.g. soft cheese
from raw milk, queso fresco or food made with
these cheeses)

☐ ☐ ☐ ☐ Group meal (e.g. potluck, reception)

☐ ☐ ☐ ☐ Food from restaurants

Restaurant name/Location: _____

☐ ☐ ☐ ☐ Source of drinking water known

☐ Individual well ☐ Shared well

☐ Public water system ☐ Bottled water

☐ Other: _____

Y N DK NA

☐ ☐ ☐ ☐ Drank untreated/unchlorinated water (e.g.
surface, well)

☐ ☐ ☐ ☐ Recreational water exposure (e.g. lakes, rivers,
pools, wading pools, fountains)

☐ ☐ ☐ ☐ Case or household member lives or works on
farm/dairy

☐ ☐ ☐ ☐ Exposure to pets

Was the pet sick? ☐ Y ☐ N ☐ DK ☐ NA

☐ ☐ ☐ ☐ Raw pet food or dried pet treats

☐ ☐ ☐ ☐ Zoo, farm, fair or pet shop visit

☐ ☐ ☐ ☐ Livestock or farm poultry

☐ chicks ☐ ducks ☐ other: _____

☐ ☐ ☐ ☐ Outdoor or recreational activities (e.g. lawn
mowing, gardening, hunting, hiking, camping,
sports, yard work)

How was this person likely exposed to the disease:

☐ Food ☐ Drinking Water ☐ Recreational water ☐ Person

☐ Animal ☐ Environment ☐ Unknown

Where did exposure probably occur?

☐ U.S. but not WA (State: _____)

☐ In WA (County: _____)

☐ Not in U.S. (Country/Region: _____)

☐ Unknown

**Exposure details (e.g., exposure date, specific site, purchase
or use-by date, product name/description):** _____

☐ **No risk factors or exposures could be identified**

☐ **Patient could not be interviewed**

PATIENT PROPHYLAXIS / TREATMENT**PUBLIC HEALTH ISSUES**

Y N DK NA

☐ ☐ ☐ ☐ Employed as food worker

☐ ☐ ☐ ☐ Non-occupational food handling (e.g. potlucks,
receptions) during contagious period

☐ ☐ ☐ ☐ Employed as health care worker

☐ ☐ ☐ ☐ Employed in child care or preschool

☐ ☐ ☐ ☐ Attends child care or preschool

☐ ☐ ☐ ☐ Household member or close contact in sensitive
occupation or setting (HCW, child care, food)

PUBLIC HEALTH ACTIONS

☐ Hygiene education provided

☐ Restaurant inspection

☐ Child care inspection

☐ Investigation of raw milk dairy

☐ Work or child care restriction for household member

☐ Exclude from sensitive occupations (HCW, child, food) or
situations (child care) until diarrhea ceases

☐ Initiate trace-back investigation

☐ Other, specify: _____

NOTES

Investigator _____ Phone/email: _____

Investigation complete date ____/____/____

Local health jurisdiction _____

Record complete date ____/____/____